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Bib Data Sheet

CONFIRMATION NO. 3494

<b>SERIAL NUMBER</b> 09/408,023	<b>FILING DATE</b> 09/29/1999 <b>RULE</b>	<b>CLASS</b> XXX	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 0769.00125	
<b>APPLICANTS</b> HARASH KUMAR NARANG, NEWCASTLE UPON TYNE, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF PCT/GB98/00374 02/06/1998 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9907962.6 04/08/1999 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/19/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 022434					
<b>TITLE</b> MONITORING OF LIQUIDS FOR DISEASE-ASSOCIATED MATERIALS					
<b>FILING FEE RECEIVED</b> 871	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/408,023	FILING DATE 09/29/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 0769.00125
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APPLICANT

HARASH KUMAR NARANG, NEWCASTLE UPON TYNE, UNITED KINGDOM.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

R2

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

R2

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

R2

*add PCT  
6/8/00334*

*needs to be  
corrected*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/19/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GBX	SHEETS DRAWING 4	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 5
Verified and Acknowledged			Examiner's Initials <u>R2</u>	Initials _____		

ADDRESS

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TITLE

MONITORING OF LIQUIDS FOR DISEASE-ASSOCIATED MATERIALS

FILING FEE RECEIVED  \$665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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